



# University of Minnesota School of Nursing Readmission Application

This form is for all students who were previously admitted to the School of Nursing in one of the Doctor of Nursing Practice programs and are seeking readmission into the same program.

**Application Fee:** A \$60 application fee must accompany this application. The fee may be submitted in the form of a personal check or money order made payable to the University of Minnesota. The application fee cannot be waived or deferred and is not refundable.

**Deadlines:** The completed form and application fee along with any applicable transcripts (see Additional Educational Experience below) must be received in the Office of Student & Career Advancement Services (OSCAS) by the following deadlines: fall semester - March 1; spring semester - September 1; summer semester - February 1.

Once the Readmission Application and fee are received, the information will be forwarded to the Admissions & Progressions committee for review. It takes approximately 4-6 weeks to process and review the request. A decision will be sent to you at the email listed below.

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
U of MN ID (7 digit #) \_\_\_\_\_

Last Term of Enrollment \_\_\_\_\_  
Proposed Re-entry Term \_\_\_\_\_  
Requested Program \_\_\_\_\_

### Contact Information

Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

### Additional Educational Experience

If you have taken classes at any college or university since leaving your declared program at the U of MN School of Nursing, please list the name(s) of the institution(s) below. Note: you must submit official transcripts showing completion of the additional coursework.

School Name \_\_\_\_\_  
School Name \_\_\_\_\_

Briefly state your reason(s) for previously leaving the program:

Briefly state your goals and objectives in relation to re-entry into the program. Please include a proposed timeline for completion:

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### OFFICE USE ONLY

\_\_\_\_ Readmission Approved      \_\_\_\_ Readmission Denied

Program Director or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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